

NAVDENCEN SOUTHWEST INSTRUCTION 6224.1

Subj: TUBERCULOSIS EXPOSURE CONTROL PLAN

- Ref:
- (a) TB Infection Control Recommendations from the CDC, 1994: Considerations for Dentistry, Journal of the American Dental Association, Vol. 126, May 1995, pp 593-600
 - (b) MMWR, Volume 43, Number RR-13, 28 Oct 94, Guidelines for Preventing the Transmission of Tuberculosis in the Health Care Facility, 1994
 - (c) Tuberculosis and the Dental Patient: Evaluation, Management and Regulatory Compliance, University of Maryland at Baltimore Dental School, 1999
 - (d) Diagnostic Standards and Classification of Tuberculosis in Adults and Children, Am J Crit Care Med, Vol 161, pp 1376-1395, 2000
 - (e) Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children, Am J Crit Care Med, Vol 149, pp.1359-1374, 1994
 - (f) Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, Am J Crit Care Med, Vol 161, pp. s221-s247, 2000
 - (g) BUMEDINST 6224.8 Tuberculosis Control Program

1. Purpose. As per reference (a) through (g), this instruction provides guidance in establishing the appropriate measures for the prevention of occupational exposure to tuberculosis in Command facilities.

2. Background

a. Tuberculosis (TB) is an infectious disease found worldwide. Between 1985 and 1991, the number of TB cases in the United States increased by 18%. The number of cases among foreign-born persons in the U.S. increased by 56%. U.S. service members deploy to many areas of the world in which a high incidence of TB is found in the indigenous population.

b. Tuberculosis is caused by an organism called Mycobacterium tuberculosis. This organism is carried through the air in small airborne particles or droplet nuclei. Droplet nuclei are generated when a person with infectious pulmonary or laryngeal TB coughs, sneezes, speaks or sings. The probability that a person who is exposed to M. tuberculosis will become infected depends on the concentration of infectious droplet nuclei in the air and the duration of exposure.

c. A positive tuberculin skin test usually indicates that a patient has been exposed to the disease.

16 May 01

These patients receive a chest radiograph. Those without evidence of clinical disease are evaluated for preventive therapy (Isoniazid-INH). These patients are considered non-infective and are safe to be treated in the dental facility once INH therapy is initiated.

d. Patients with evidence of clinical disease are usually treated with a multi-drug regimen for 6 months, consisting of INH, rifampin and pyrazinamide for 2 months followed by INH and rifampin for 4 months. These patients are considered highly infective and should not receive dental care in the clinic until considered non-infective.

e. The transmission of *M. tuberculosis* is a recognized risk in health care facilities. To reduce the risk of transmission, a Tuberculosis Exposure Control Plan must be developed and implemented at each branch clinic.

3. Action.

a. The Command Infection Control Officer (CICO) shall develop a TB Exposure Control Plan for each clinic utilizing the guidelines in references (a) and (b).

b. The Branch Infection Control Officer (BICO) shall:

- (1) Implement the clinic specific TB Exposure Control Plan.
 - (2) Provide required annual training for dental care providers and submit appropriate documentation to the Education and Training Department. This training will include:
 - (a) The basic concepts of pathogenesis and transmission of *M. tuberculosis*.
 - (b) The difference between latent TB infection and active disease.
 - (c) The signs and symptoms of TB
 - (d) The management and referral of patients suspected of having infectious TB.
 - (e) The principles of TB infection control.
 - (f) Dental treatment guidelines and limitations for patients with suspected TB
 - (3) Ensure annual PPD testing of all staff involved in direct patient care. Annual PPD testing is required of all health care providers in accordance with reference (g).
- c. The Command Training Officer:
- (1) Ensure proper documentation of training in provider files.

16 May 01

- (2) Submit appropriate training reports to Executive Committee of Dental Staff for Professional Program Review.

4. Requirement for Annual Review and Revision

- a. At the time of the annual risk reassessment, the Command Infection Control Officer will review the TB Exposure Control Plan for each clinic and make appropriate revisions as indicated by the risk reassessment outcome.

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